

# #156

**COMPLETE**

**Collector:** Gimbel Foundat...nd Evaluation (Web Link)  
**Started:** Tuesday, August 29, 2017 10:29:35 AM  
**Last Modified:** Wednesday, August 30, 2017 9:13:24 AM  
**Time Spent:** 22:43:49  
**IP Address:** 107.1.76.6

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Page 1

**Q1** Name of your organization.

Planned Parenthood of the Rocky Mountains, Inc.

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**Q2** Grant #

20160405

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**Q3** Grant Period

August 1, 2016- July 31, 2017

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**Q4** Location of your organization

|       |          |
|-------|----------|
| City  | Denver   |
| State | Colorado |

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**Q5** Name and Title of person completing evaluation.

Cindy Ortega

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**Q6** Phone Number:

505-944-2028

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**Q7** Email address.

Cindy.Ortega@PPRM.org

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Page 2: Key Outcomes and Results

**Q8** Total number of clients served through this grant funding:

224

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**Q9** Describe the project's key outcomes and results based on the goals and objectives. Use the following format: State the Goal: State Objective 1: Describe the Activities, Results and Outcomes for Objective 1: State Objective 2 (if applicable): Describe the Activities, Results and Outcomes for Objective 2: State Objective 3 (if applicable): Describe the Activities, Results and Outcomes for Objective 3:

In 2016, PPRM was generously awarded a \$50,000 grant from the S.L. Gimbel Foundation to support the launch and evaluation of our Denver-based Promotores de Salud (PdS) training program.

Our proposal focused on two objectives, the first being: To determine if the adopted PdS training program is effective in preparing promotoras for their role as a lay or frontline health worker.

Institute programming makes a difference in the lives of Colorado individuals. The S.L. Gimbel Foundation's generous grant award has made it possible for the Institute's Promotoras de Salud program to provide medically-accurate, developmentally appropriate sex education to a total of 224 Colorado individuals in FY 2017. These 224 individuals represent the most vulnerable members of our community, including Latinos, women formerly incarcerated, single mothers, and people living in poverty. Our community health workers, or promotoras, increase access to desperately needed health services, including sexual and reproductive health, through outreach, education, and informal case management. Promotoras provided community platicas, or education sessions, on sexual health topics, provide referrals to our network of partners, and follow-up to assist in eliminating barriers to care.

Throughout the grant cycle, PPRM has made significant strides in preparing our promotoras for their work in the Denver metro community. Like all PPRM employees, they complete an extensive two day orientation to familiarize themselves with agency operations and programs, as well as complete training from our highly skilled and experienced Education staff.

In December, 2016, PPRM hired part-time promotoras to conduct outreach in three zip codes surrounding the Denver Central health center which represents communities with the highest teen birth rates, greatest poverty levels, lowest education levels, and largest gap between the numbers of Latino/Hispanic individuals in the community compared to the number of Latinos seeking care at the health center. Specifically promotoras conducted outreach in the following Denver neighborhoods, West Colfax, Villa Park, Valverde, Athmar Park, Westwood, and Barnum. In January 2016, we held an Open House reception at our Denver Central Health Center to celebrate our full program launch and provide an opportunity for community members to meet our Promotoras de Salud Program staff. We have also made progress by continuing to engage our community advisory council, including representatives from the Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR), Denver Health, and Florence Crittenton's Hispanic Advisory Council. Additional program information is included in Question 11.

PPRM's second objective was: To determine if the incorporation of technology (cloud-based texting platform, case management database, and personal electronic devices) into the PdS program enhances the ability of promotoras to conduct outreach, teach effectively, improve case management, and enhance tracking procedures for program evaluation.

Promotoras are identified leaders, with strong ties to their neighborhoods and communities. They deliver education, facilitate access to resources, and provide peer support in culturally relevant ways. PPRM has already established the foundation for monitoring and evaluating our Denver PdS program. Using the Affiliate Data Analytic Platform (ADAP) database, our Evaluation department developed five evaluation questions (two assessing knowledge and three assessing experience with program) that will be sent via a text message platform to all platica participants, either ADAP or our ICYC texting platform (see Figure I).

PPRM is currently exploring the feasibility, cost, and challenges associated with each platform. Additionally, we are working to strengthen how we monitor and evaluate linkages to care. We will eventually distribute and track the use of subsidy cards in our health centers, allowing us to assess the number of program participants who received care, what target area they came from, the types of

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visits participants sought, what promotora was most successful connecting individuals to care, and the average length of time for participants to receive care. In combination, this data will present critical programmatic information that can inform PPRM in developing guidelines for best practices in the future.

Additionally, as outlined in our proposal, PPRM further advanced our progress on the following activities:

- PPRM will identify and train 12-18 promotoras
- Promotoras will work in the targeted community
- PPRM will assemble focus groups from both participants and promotoras to identify training strengths and weaknesses
- PPRM and CSU will evaluate data gathered from focus groups to improve the training program and make modifications as necessary
- PPRM and CSU will develop a manuscript about the feasibility of adding technological components to a traditional PdS model and submit the manuscript to a peer-reviewed journal for publishing

The PdS program establishes trust in the community, so Latino community members will feel safe and comfortable seeking potentially life-saving medical services. As mentioned in our proposal, during the first year of the PdS program our goal was to provide effective community outreach to 2,600 individuals in Denver; however, as this goal was initially created well before the PdS program implementation, external factors, such as dramatic political shifts, changes in community priorities, and delays in project implementation, have rendered us unable to meet our initial goal, prompting us to redesign our programming with input and leadership in the Latino community. The original promotoras program began engaging the community in December 2016, our eight promotoras served 74 participants and provided 8 platicas until January 2017. Prompted by input from the community, in March 2017, PdS moved to our Public Affairs department where it has, to date, served 150 individuals, referred 15 people to additional health care services, and connected five to PPRM services.

Further, PPRM modified our methodology for assessing our training program by conducting focus groups to inform the training program development and later establishing a teaching assessment and knowledge test to assess effectiveness of the training program. As mentioned, during the training development phase PPRM conducted two promotoras focus groups. The first focus group was a virtual five-hour focus group to identify key tasks, activities, and functions involved in the promotoras job. This focus group included eight subject matter experts from Planned Parenthood Los Angeles (PPLA) and was conducted in Spanish. The second was facilitated in-person and aimed to identify the worker attributes necessary to effectively perform each task identified in the previous phase. This five-hour session included six new subject matter experts from PPLA and was also conducted in Spanish. These two focus groups developed a framework for structuring our training program, and improved the knowledge, skills, and abilities of our promotoras.

To better analyze our promotora training, PPRM utilized our teaching assessments; PPRM identified critical areas where a majority of promotoras scored poorly, such as their command of birth control methods, mandating a need to reinforce learning before promotoras dispersed into the community. These teaching assessments identified a need to develop individualized professional development plans to address areas of growth such as public speaking skills and maintaining professional boundaries. To assess the community impact of the program, we developed five evaluation questions and assessed the feasibility of delivering them through text message. Among the 44 individuals who opted in to participate in the text evaluations, we received responses from 25 percent. The Institute hopes that through text evaluations the PdS program will not only be able to rigorously evaluate the success of our program, but will also be able to provide an accessible evaluation tool. We are currently working to further develop our evaluation of text platform capabilities.

Additionally, PPRM is in the process of revising a manuscript for publishing. On April 7th, we submitted an article titled "Using Job Analysis Techniques to Understand Training Needs for Promotores de Salud" to the peer-reviewed journal Health Promotion Practice. We received a "revise and resubmit" option and are currently editing the manuscript for resubmission within the coming weeks.

**Q10** Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

Most recently, radical members of Congress have made it their priority to 'defund' Planned Parenthood. This act would leave thousands across Colorado without life changing reproductive and sexual health care. Moreover, it would affect all areas of our affiliate, and drain resources from our mission to provide high-quality health care, education and a platform for reproductive rights policy work and advocacy. We are deeply committed to all areas of our mission; and, we anticipate additional obstacles in the future as oppositional groups are determined to introduce additional restrictions. The current political climate has mandated PPRM become increasingly agile in responding to threats to our business model and our mission.

Similar to other Planned Parenthood affiliates, PPRM is strategically working to reduce expenses in FY 2017, while increasing revenue through philanthropy and earned income. Now more than ever PPRM must turn to our most stalwart supporters to ensure we can continue providing accurate sex education and access to high-quality reproductive health care. The consequences of not generating additional revenue could potentially reduce the number of individuals PPRM has the capacity to serve. In order to strategically respond to these dramatic threats, PPRM must be more fiscally conservative, limiting the amount of general operating funds we can currently invest in all of PPRM's program areas.

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**Q11** How did you overcome and/or address the challenges and obstacles?

The Institute has strategically analyzed current programming to determine how to best serve Colorado and is recommitting our focus to specific programmatic areas and increasing attention to vulnerable populations who identify as Native American, Latino, and People with Disabilities. Further, the Institute is committed to investing in the expansion of the innovative In Case You're Curious (ICYC) text line and the Sexual Health Educator Program (SHEP). However, through this analysis, the difficult decision to eliminate the Institute's Colorado Springs office was made. Additionally, the following programs were eliminated from the menu of programming: Draw the Line/Respect the Line and Safer Choices; the Institute has also discontinued plans to implement the Families Talking Together (FTT) curricula in Colorado. Additionally, PPRM has decided to internally shift our Promotoras de Salud program to our Public Affairs department from the Education department. These decisions will ensure that the most vulnerable populations receive the education they desperately need while we continue to institutionalize comprehensive sex education in Colorado.

This strategic transition of relocating our Promotoras de Salud program will allow for additional staff capacity to strengthen existing partnerships, as well as cultivate new relationships within the Denver Latino community and Latino organizations. We are pleased to report that this period of program modification is already underway; for instance, our Public Affairs team works with the Colorado Immigrant Rights Coalition (CIRC) on strategies to help communities under threat by the new Federal Administration. During these meetings our Public Affairs staff has begun asking how we can best support the Latino community during these challenging times. CIRC is also interested in partnering with PPRM to present at their weekly Immigration forums about health care access and services. PPRM is providing information and research on how undocumented individuals can access care in this difficult political environment. Partnering with other nonprofits deeply invested in the Denver Latino community will ultimately support our collective work of ensuring the Latino community has accessible and affordable health care. Additionally, support from the S.L. Gimbel Foundation has allowed us to further develop our relationships with Servicios de la Raza and Colorado Organization for Latino Opportunity and Reproductive Rights (COLOR). Given the current political climate, our mission driven work is more critical than ever; we will continue protecting reproductive choice and expanding access to healthcare services and programs through political advocacy, government relations, and activist mobilization. These organizational changes will allow us to be more sustainable in years to come.

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**Q12** Describe any unintended positive outcomes as a result of the efforts supported by this grant.

After completing its first pilot program in Fiscal Year 2016 (October 1, 2015- September 30, 2016) PPRM's Denver-based Promotoras de Salud (PdS) program continues to develop and build strong neighborhood connections. With the current administration's targeting of immigrant communities, the priorities and concerns of the Latino community in Denver have shifted dramatically. However, the fundamental purpose of the PdS program remains to build trust of PPRM so that Latino community members feel comfortable seeking potentially life-saving medical services. Community members express concern regarding deportation and the accessibility of health care for undocumented individuals. This insight from the Denver Latino community mirrors national data collected by the Pew Center. According to the new survey, 47 percent of Hispanic adults, regardless of their immigration status, say they worry "a lot" or "some" that they themselves, a family member or a close friend, could be deported. Additionally, the report also found that 46 percent of U.S. Hispanics reported that addressing the issue of immigration should be a top priority for the new administration and Congress in 2017; reducing health care costs was a top priority for 54 percent of respondents. Considering both the local and national community feedback, as well as the hostile political climate, we are adapting our PdS program to best support the needs of the Denver Latino population.

Our revised Promotora program allows individuals to utilize their existing networks to connect individuals with medical and political information. Since March we have provided platicas to 150 people, referred 15, and connected five individuals to care. Our promotoras are present throughout the Denver metro area, including Westminster, Thornton, Denver, and Centennial, and reach community members through a variety of diverse community locations, including methadone clinics, half-way houses, jails, and prisons. Additionally, platicas have been revised to include language for larger audiences, and include topics such as Hep C, outreach, or generalized sexual health education. These community health workers also provide HIV and Hep C testing, and patient navigation.

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**Q13** Briefly describe the impact this grant has had on the organization and community served.

As outlined in our grant proposal to the S.L. Gimbel Foundation, the overarching goal of our Denver Promotoras de Salud program is to increase the Latino community's access to sexual health education and reproductive health care through community wide and culturally relevant health education programs, or platicas. Throughout the first year of PdS Denver, the Institute completed a pilot evaluation program to analyze the feasibility of text message evaluations. Participants from seven different platicas were contacted and asked a total of five evaluation questions. We received responses from 25 percent of the 44 total individuals who opted to participate. Considering this data, community feedback and our experiences from our pilot year of programming, PPRM has made the strategic decision to internally shift the Denver Promotoras de Salud program from the Responsible Sex Education Institute to the Public Affairs department. With this shift PPRM will continue to engage the Latino community through outreach and education. Rather than providing only reproductive health information, or platicas, the PdS program will focus on engaging our local Latino partners, increasing access to medical care for Latino community members, and building the capacity of the PdS program in Denver through coalition building. Promotoras are and will remain, identified leaders, with strong ties to their neighborhoods and communities. Without the support of S. L. Gimble Foundation we would not have been able to execute, monitor, and evaluate our pilot program, nor would we have discovered the need to strategically shift Promotores de Salud from the Responsible Sex Education Institute to the Public Affairs department. This shift will allow us to serve the Latino community of Denver in a more impactful way.

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Page 3: Budget

**Q14** Please provide a budget expenditure report of the approved line items. Include a brief narrative on how the funds were used to fulfill grant objectives.

PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS  
PROMOTORES DE SALUD PROGRAM  
Budget versus Actual Fiscal Year 2017  
(October 1, 2016-August 29, 2017)

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| Projected Expenses           | Budget         | Actual         |
|------------------------------|----------------|----------------|
| Salaries                     | \$ 83,661      | \$ 61,413      |
| Fringe Benefits              | \$ 19,463      | \$ 7,958       |
| Travel                       | \$ 7,688       | \$ 4,377       |
| Professional Fees            | \$ 7,040       | \$ 689         |
| Supplies                     | \$ 1,254       | \$ 1,500       |
| Training                     | \$ 3,200       | \$ 922         |
| Awards                       | \$ 10,300      | \$ 6,009       |
| Postage                      | \$ 69          | \$ 18          |
| Occupancy                    | \$ 371         | \$ 16,293      |
| Equipment                    | \$ 18,253      | \$ 5,321       |
| Indirect Expense             | \$ 41,664      | \$ 28,408      |
| <br>Total Projected Expenses | <br>\$ 192,963 | <br>\$ 132,908 |

\* The remaining income for our education programs comes from general operating funds.

### Narrative:

**Salary/Benefits:** This line includes salary for the Promotores de Salud (PdS) program Manager and our promotoras. This line also includes a percentage of salaries for our Chief Experience Officer, and the Senior Director of the Responsible Sex Education Institute; these positions provide oversight for all education programming provided by PPRM. It also includes a percentage of salary for the Director of Evaluation. PPRM benefits and taxes are approximately 23 percent of salaries.

**Travel:** This covers the cost of travel (gas and vehicle maintenance) to community organizations, churches, homes or other locations where PPRM promotoras will provide education. Traveling to these locations is a significant program cost which allows us to do our work.

**Professional Fees:** This line includes compensation to assist with advanced evaluation of the PdS program.

**Supplies:** Includes the costs of condoms, dental dams and lube which are used by promotoras as demonstrations during education sessions. It also includes general office supplies and pamphlets for outreach events.

**Training:** Our training costs are limited to food and beverages for promotoras during training sessions.

**Awards:** This projected line included small stipends and gift cards for promotoras.

**Postage:** For sending marketing mailers and communication with collaborators.

**Occupancy:** Our PdS program will be housed in PPRM's Denver Central Health Center. This cost is the program's share of casualty and liability insurance.

**Equipment:** This line includes the cost to upgrade and update our database to better capture the case management of promotores, barriers to care and linkages to care.

**Indirect Expenses:** This includes the costs of our accounting, billing, marketing, and development staff who support back-end functions of the organization. Similar to general equipment expenses, PPRM calculates the cost of these back-end functions and disburses this

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of the organization. Similar to general equipment expenses, PPRM calculates the cost of these back end functions and disburses this out to each department based on a percentage of expenses.

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### Page 4: Success Stories

**Q15** Please relate a success story:

Recently, our PdS Program Manager helped schedule an appointment at our Central Health Center for Ana, a monolingual Spanish speaking woman in her forties that our Program Manager met while conducting neighborhood outreach. Ana shared that she received her inter-uterine device (IUD) ten years ago and had not obtained follow up care since the insertion, nor had she received a medically recommended PaP test or annual exam in at least ten years due to the cost of care. Our promotora reassured Ana and scheduled an annual exam, PaP test, as well as a follow up appointment to replace her IUD. Ana was immensely grateful to our promotora for her support and expressed relief and appreciation for the care she received; Ana shared, "Thank you so much; I don't know what I would have done without this support". Through the PdS program, PPRM is able to not only build trust among marginalized populations, but also support positive health outcomes for members of the Latino population, like Ana, who received the critical medical care she had forgone for a decade.

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**Q16** Please relate a success story here:

Since our programmatic transition to incorporating PdS into Public Affairs, Ethel one of our promotoras shared a story detailing one of her experiences working in the Denver community. One young woman, Julie, reached out to PPRM and asked to speak with a promotora. Julie recently moved to Denver from California and had no friends or family nearby. Although initially apprehensive, about sharing her reason for calling, Ethel's calm and patient demeanor gave Julie the reassurance to share her story. After some time Julie revealed that she was heavily drugged and gang raped by three to four men; she was pregnant. Our promotora talked her through all options and gave her the contact information for our call center and the number for a nearby PPRM health center. With additional support and resources, Julie shared that she felt as though a weight was lifted and was incredibly thankful that she didn't have to face this difficult phase in her life alone. One month later Julie reached out to Ethel to thank her for her help, she mentioned that after her conversation with Ethel, she visited a PPRM health center where she had an abortion, and received a Long Acting Reversible Contraception (LARC). Julie is now making plans to move back to California to be closer to her family.

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**Q17** Please relate a success story here:

**Respondent skipped this question**

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### Page 5: Organizational Information

**Q18** Which category best describes the organization. Please choose only one.

**Medical/Health/Public Agency**

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**Q19** What is the organization's primary program area of interest?

**Health & Human Services**

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**Q20** Percentage of clients served through grant in each ethnic group category. Total must equal 100%

**Respondent skipped this question**

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|  |                      |           |
|--|----------------------|-----------|
| <b>Q21</b> Approximate percentage of clients served from grant funds in each age category. | Youth ages 13-18     | <b>4</b>  |
|  | Young Adults (18-24) | <b>35</b> |
|  | Adults               | <b>61</b> |

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**Q22** Approximate percentage of clients served with disabilities from grant funds. **Respondent skipped this question**

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**Q23** Approximate percentage of clients served in each economic group. **Respondent skipped this question**

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**Q24** Approximate percentage of clients served from grant funds in each population category. **Respondent skipped this question**

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